# E-mail application to Education.Funding@uregina.ca DEADLINE: noon on Thursday, July 12, 2018

# No late applications will be considered.

**UR Graduate Scholarships (URGS) Application Form**

# Faculty of Education, 2018 Fall

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you a:**  | 🞏 Doctoral Student | 🞏 Master’s Studen**t**  | (Master’s Certificate students are **not** eligible for this scholarship.) |
|  |  |  |  |
| **Check one:** | 🞏 Canadian Citizen | 🞏 Permanent Resident | 🞏 Study Permit |
|  |  |  |  |  |  |  |  |  |  |  |
| **U of R Student Number:**  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
| Last or family name | First name | Middle Initial |
|  |  |  |
| E-mail address | Cell or home phone |
|  | ( ) |
| Current mailing address |
|  |
| City or Town | Province | Postal Code |
|  |  |  |

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| --- |
| Please include a URGS Statement of Financial Need (refer to the attached).  |
| Eligibility Questions as per the Terms of Reference from the Faculty of Graduate Studies and Research: |
| For the 2018 Fall semester will you: |
| * be registered full time or part time? (both are eligible for the URGS)
 | 🞏 **Full** | 🞏 **Part** |
| * be fully-qualified *(not qualifying or probationary)* as indicated in your letter of acceptance?
 | 🞏 **Yes** | 🞏 **No** |
| * be in good standing, that is hold and maintain a min. 80% average? (Note: An incomplete and/or failing grade from a previous semester will render you ineligible for this award)
 | 🞏 **Yes** | 🞏 **No** |
| * have completed your required program credit hours *(Masters – i.e. 30 – PhD 60)* and/or be in post-program maintenance *(GRST995AA, AB)?*
 | 🞏 **Yes** | 🞏 **No** |
| * complete GRST 800AA by October 15?
 | 🞏 **Yes** | 🞏 **No** |
| * hold government funding intended to finance your studies?
 | 🞏 **Yes** | 🞏 **No** |
| I have read the Terms of Reference for this scholarship as provided by the Faculty of Graduate Studies and Research and declare that I am eligible to apply. I am aware that students’ personal information is collected on this application for the purposes of administration of the award and do consent to the use and the disclosure of my personal information as described above. I confirm the information contained in this application is true and correct to the best of my knowledge and that I will immediately advise the Faculty of Education (Education.Funding@uregina.ca) of any changes to my status. |
| Signature |  | Date |  |
| Sign, date, scan or take a clear photo, and e-mail Education.Funding@uregina.caNo late applications will be considered. |